

disturbance, and on one occasion, violent vomiting, headache, and delirium. The patient preferred the original disease to that produced by the remedy.

The course followed by Dr. Field was to give the medicine in greatly lessened doses, which had the full therapeutic effect, with only a light reminder of their former unpleasant effects.

From such facts as this Dr. Field thinks we have an indication as to the physiological action of the drug. We are not, of course, to believe that it is excreted by the skin, there is no sufficient evidence pointing that way. But he holds that it does act chiefly on the sympathetic and not on the cerebro-spinal systems, and that these facts of dermalgia, urticaria, oedema, etc., are proofs that such is the case.

Its particular influence on the skin, as noted by Erasmus Wilson, and others, he deems has been thus far insufficiently studied. He is convinced that certain remedial resources of the agent in this direction still await investigation.

CANNABIS INDICA IN EPILEPSY.—Dr. Wharton Sinkler, *Phil. Med. Times*, Sept. 28, reports having used cannabis indica in two cases with advantage, one of which is given in detail: A boy, ten years of age, suffered from epilepsy which commenced as *petit mal*, occurring once or twice a day for two months, then changing to (chiefly) nocturnal *grand mal*, occurring about every two hours. He was treated with potassium bromide, and tincture of the chloride of iron, which, however, only modified his attacks, but gave no permanent relief; as soon as the medicine was stopped the attacks were more severe than ever. Then oxide of zinc was tried, but no good effect was produced. This was discontinued and cannabis indica, one-sixth grain three times a day, was ordered, with the result of first decreasing the number of his attacks to one a day for a week, and then stopping them altogether. At the date of the report there had been none for nearly three months. The child's intelligence and disposition, which had before been much injured by this disease, were also wonderfully improved.

A second case was also improved, but the full effects of the drug were not yet tested upon it.

CONIIN.—The following is the abstract of a thesis by M. Tirayakian, *Thése de Paris*, 1878, as given in the *Rivue des Sci. Méd.*, Oct.:

Coniin, conicine, or cicutine is the active principle of conium maculatum (hemlock). M. Tirayakian has undertaken the study of this alkaloid, with the collaboration of M. Bochefontaine, and under the direction of M. Virchow. The experimental results obtained differ considerably from those of MM. Martin-Damourette and Pelvet, Christison and Gubler; the author attributes this difference to the mixture of the commercial coniin with foreign substances; it contains especially an essential oil, as yet little known, that produces in poisoning with the coniin phenomena analogous to those of curare.

Coniin, in a condition of absolute purity, acts on the cerebro-spinal centres; it is neither a muscular nor a cardiac poison. The first effect is a

general enfeeblement, then convulsive shuddering; these phenomena are followed by a period of augmentation of reflex excitability, while at the same time voluntary movements are abolished, and the respiration is accelerated; visual troubles are also noted. In a more advanced stage of the intoxication, the reflex excitability gradually disappears, the respiration and pulse are simultaneously weakened; then follows a profound collapse, which may not be succeeded by death.

The chloro-hydrate and bromo-hydrate of conicine (Mourrut) give rise to the same phenomena of poisoning as conia; they seem to be even more energetic. Conicine has a very irritant local action; when injected under the skin it produces sphacelus, and is not entirely absorbed.

M. Tiriyakian finishes his study by seeking to discover the physiological and medicinal effects of bromo-hydrate of coniin on man. To obtain a notable effect, it should be administered in a dose of 0.1 grammie at least, in a single dose for an adult; this may be increased to the amount of one grammie *per diem*, either internally or injected hypodermically (the bromo-hydrate not being irritant); thus showing that the toxic action of coniin has been much exaggerated.

The author has experimented with the bromo-hydrate of coniin in affections accompanied with cough, in epilepsy, in neuralgias, but is not yet able to say precisely what is the therapeutic action of the drug.

GEISSINE.—This substance, the alkaloid of pao-pereira has been investigated by MM. Bochefontaine and Cypriano de Freitas, *Gaz. Méd. de Paris*, 1878, Nos. 16 and 17. The following are their conclusions as reported in *Revue des Sci. Médicales*:

1. Geissine is a paralysant poison. It causes a progressive enfeeblement of all the movements, whether voluntary or reflexes of animal life, and next a loss of sensibility.
2. The paralysis is not due to an action of the poison on the muscles nor on the peripheral nerves.
3. The toxic action affects the nerve centres, especially the spinal cord and medulla, the functions of which are progressively abolished.
4. In some of the author's experiments there was noticed a diminution in the number of cardiac pulsations, which was also remarked by José Silva and Gonsalvez Ramos.

THE TREATMENT OF INSANITY BY DRUGS.—Dr. Geo. H. Savage, in the last volume of Guy's Hospital Reports, has contributed an article on this subject, the main points of which are given in the *Dublin Medical Press* and *Canada Medical Record* for December. We take them from the latter journal:

Until quite recently, observes Dr. Savage, *opiates* were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that, whereas some cases are relieved by opium, some are not affected at all, or are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but